MAXIMUS Federal Services

Case Number:	CM13-0022236		
Date Assigned:	11/13/2013	Date of Injury:	04/01/2012
Decision Date:	03/05/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	09/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient has filed a claim for chronic elbow and forearm pain reportedly associated with an industrial injury of April 1, 2012. Thus far, the patient has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; topical compounds; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of August 14, 2013, the claims administrator denied a request for multiple topical compounds, a urinalysis, glucosamine, and a laxative. The patient's attorney subsequently appealed. In progress note of July 12, 2013, the patient presents with constant 5 to 6/10 multifocal shoulder, elbow, and wrist pain. Tenderness and limited range of motion about multiple body parts is noted. The patient is given several topical compounds, medical foods, and laxatives and placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

urinalysis/drug screen for neck, right shoulder and right hand/wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43. Decision based on Non-MTUS Citation and Official Disability Guidelines (ODG), Criteria for Use of Urine Drug Testing.

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent urine drug testing in the chronic pain population, however, the MTUS does not establish specific parameters for or frequency with which to perform urine drug testing. As noted in the ODG Chronic Pain Chapter Urine Drug Testing topic, an attending provider should clearly furnish a list of those drug tests and/or drug panels which he intends to test for along with the request for authorization and further state the last time the applicant obtained drug testing. The attending provider should also attach an applicant's complete medication list to the request for authorization. In this case, however, none of the aforementioned criteria have been met. The attending provider did not furnish the applicant's complete medication list, medication profile, and/or list of those drug tests or drug panels which he intended to test for. Therefore, the request is not certified.

Terocin 230ml (Capsaicin 0.025%-Methyl Salicylate 25%-Menthol 10%-Lidocaine 2.5%) for neck, right shoulder and right hand/wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Page(s): 111.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, oral pharmaceuticals are a first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of first-line oral pharmaceuticals so as to justify usage of topical agents or topical compounds such as Terocin, which are, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines "largely experimental." Therefore, the request remains non-certified.

Flurbi (NAP) Cream-LA, 180 grams (Flurbiprofen 20%-Lidocaine 5%-Amitriptyline 4% for neck, right shoulder and right hand/wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Page(s): 111.

Decision rationale: As with the other topical compounds, the MTUS Guideline in ACOEM Chapter 3 deems oral pharmaceuticals the first line palliative method. In this case, there is no evidence of intolerance to and/or failure of first line oral pharmaceuticals so as to justify usage of topical agents and/or topical compounds which are, per page 111 of the MTUS Chronic Pain

Medical Treatment Guidelines "largely experimental." Therefore, the request remains non-certified.

Gabacyclotram, 180mg (Gabapentin 10%-Cyclobenzaprine 6%-Tramadol 10%) for neck, right shoulder and right hand/wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111 & 113.

Decision rationale: In this case, two ingredients in the topical compound, namely gabapentin and cyclobenzaprine, are not recommended for topical compound formulation purposes, per page 113 of the MTUS Chronic Pain Medical Treatment Guidelines. This results in the entire compound's carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the compound is likewise not certified.

Genicin (Glucosamine sodium 500mg) #90 capsules for neck, right shoulder and right hand/wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50.

Decision rationale: As noted on page 50 of the MTUS Chronic Pain Medical Treatment Guidelines, glucosamine is recommended in the treatment of arthritic pain associated with knee arthritis. In this case, however, there is no clear clinical or radiographic evidence of knee osteoarthritis for which ongoing usage of glucosamine would be indicated. Therefore, the request is not certified.

Somnicin #30 capsules (Melatonin 2mg - 5HTP 50mg - L tryptophan 100mg - Pyrodoxine 10mg - Magnesium 50mg) for neck, right shoulder and right hand/wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines, complementary treatments, medical foods, and dietary supplements are not recommended in the treatment of chronic pain as they have not been demonstrated to generate any meaningful benefits or functional improvements. Therefore, the request for Somnacin is not certified, owing to the unfavorable ACOEM recommendation

Laxacin #100 tablets (Docusate Sodium 50mg - Sennosidoes 8.6mg) for neck, right shoulder and right hand/wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

Decision rationale: While page 77 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse usage of laxatives in those applicants who are using opioids, in this case, however, the progress notes in question do not detail or discuss the applicants using opioids. Therefore, the request is likewise not certified, on Independent Medical Review.